

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 011274	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/29/2014
NAME OF PROVIDER OR SUPPLIER RIVERWALK COMMUNITIES LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 401 SE SIXTH ST EVANSVILLE, IN 47713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of Complaint number IN00140943 .</p> <p>Complaint number IN00140943-Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: January 29, 2014</p> <p>Facility number: 11274 Provider number: 11274 AIM number: N/A</p> <p>Survey team: Amy Wininger, RN</p> <p>Census bed type: Residential: 96 Total: 96</p> <p>Census payor type: Medicaid: 88 Other: 8 Total: 96</p> <p>Sample: 3</p> <p>Riverwalk Communities LLC was found to be in compliance with 410 IAC 16.2 in regards to the Investigation of Complaint IN00140943.</p> <p>Quality Review 01/30/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE